

Application for Independent Study or Practicum

This form must be submitted to the Department office at least one week prior to the last day to register for classes during the semester in which the Independent Study is scheduled. A Graduate student may apply for no more than three courses of Independent Study toward a graduate degree or licensure.

Student Information:

Name: _____ Student ID# _____

Address: _____ Phone: _____

City/State/Zip: _____ Email Address: _____

Degree Program and /or Academic Program: _____

Course Information:

Degree Applicable Independent Study Course Prefix:

CORE CPSY ED EDAD EDLL SCED Other: _____

Course Number (circle): 599 699 799

Degree Applicable Practicum Course Prefix:

CORE CPSY ED EDAD SCED Other: _____

Course Number (circle): 544 644

Continuing ED Independent Study Course Prefix (non-degree applicable credit):

CEED CECF Other: _____

Course Number (circle): 899

Title of Independent Study or Practicum: _____

Semester Hours: _____ Semester Start Term: Spring Summer Fall Year _____

Grade Will Be: CR/NC Letter **(CE is CR/NC only)**

Independent Study Start Date: _____ End Date: _____

Lewis & Clark Faculty Advisor: _____

Independent Study or Practicum Instructor: _____

Department Chair Signature: _____

Dept. Office: Please send the original completed form to the Registrar's Office. Keep a copy of the form on file in your department. Thank you!

Department use only AR Code _____ Tuition per Credit Hour _____

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1. Justification for Request of Independent Study (why do you want to do this Independent Study?):

2. On a separate sheet, please outline your proposed Independent Study project including goals, reference materials (if known), and measure of intended outcome.

3. Description of setting or situation (Practicum Only):

4. Suggested Student/Instructor meeting dates and times:

5. Method of evaluation:

6. Bibliography:

7. Final paper or product must be given to instructor no later than the last day of the semester when credit is requested, unless otherwise agreed upon.

Student _____ Date _____

Instructor _____ Date _____